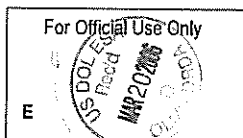


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3333	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Phillip I Finkelstein - P.O. Box, Bldg., Room No., if any Unit 101 Street 3707 Grand Way City St. Louis Park State Minnesota ZIP Code + 4 55416	4. Name, file number, and address of labor organization. Name Minnesota Nurses Association - Labor Organization File Number 053-683 P.O. Box, Building and Room Number, if any #200 Street 1625 Energy Park Drive City St. Paul State Minnesota ZIP Code + 4 55108
5. Position in labor organization. Labor Counsel	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Phillip Finkelstein</u>	On <u>3-7-06</u> Date	651-646-4807 x 130 Telephone Number

Phil Finkelstein

From: Wauck, Lawrence [Wauck.Lawrence@dol.gov]
Sent: Friday, June 24, 2005 2:14 PM
To: Phil Finkelstein
Subject: RE: LM-30 request for assistance

Mr. Finkelstein:

Our national office reviewed your inquiry, and based on our understanding of the facts, has concluded that Part A does not appear to be applicable because the payments from the employers of the union members go to a business, not to the union employee's spouse. Further, the union does not appear to be actively seeking to organize the clinic.

Part B seems applicable. The employee's spouse's business (the clinic) appears to have dealings with employers of the union members (the nonprofit corporations), not the union itself. We assume that the clinic's business consists in substantial part of dealing with such employers. The union employee should file a Form LM-30 describing his spouse's ownership interest and income from the clinic and describing the relationship between the clinic and the employers of the union members. A separate Part B should be filed for each employer. If there is a basis for making a good faith estimate of the approximate value of the dealings between the clinic and the employer of the union members, the filer must do so. If there is no reasonable way, as seems the case here, filer should state on the form: "approximate value cannot be reasonably determined."

*Larry Wauck, District Director
USDOL - ESA - OLMS
Milwaukee District Office
(414) 297-1501 or 1504*

-----Original Message-----

From: Phil Finkelstein [mailto:PFINKELSTEIN@mnnurses.org]
Sent: Tuesday, June 21, 2005 4:33 PM
To: Wauck, Lawrence
Subject: LM-30 request for assistance

Dear Mr. Wauck,

This is in furtherance of our earlier discussion last week. Thank you for taking the time to talk to me. I am employed as the labor counsel for the Minnesota Nurses Association. We represent nurses for purposes of collective bargaining in primarily hospital facilities.

I am married (vast majority of the time happily) to a family medical doctor who works for a group practice of 80 doctors. Technically, she is a partner and thus has ownership interest in both the medical partnership and the real estate partnership, obviously well less than 5%. These types of ownership are common in the medical field where most physicians are not employees but rather partners. My wife is not a managing partner and does not serve on the Board of Directors. Like all other doctors at her clinic she receives a W-2 and is paid based on her many patients and the many procedures she does,

My union does not represent anyone at her clinic and given our primary charge to represent

6/27/2005

hospital nurses is unlikely to do so.

In the state of Minnesota much of medical coverage is through several large multi-billion dollar nonprofit corporations which own HMOs/ PPO's in addition to managing/owning separate hospitals within separate divisions. These huge corporations may or may not contract to cover their members through the medical partnership for which my wife works. Obviously my wife plays no role in determining which plans or ventures the clinic may be part of. In addition, the health plans that my wife's clinic accepts change all the time. While the intent of the law seems clear, a literal reading would seem to suggest that I, as her spouse, may have a duty to report under parts A & B of LM-30.

At this point, there is no practical way to break down the percentage or monies or value coming from each "employer" when my wife's clinic does not track these items for use in an LM-30.

Is there any way she could be considered a bona fide employee or under some other exception to avoid this nightmare? Any timely assistance would be greatly welcomed. I would appreciate a written answer by July 5, 2005 so I can make appropriate plans. My telephone number is (651) 646-4807. My fax number is (651) 647-5301.

Sincerely yours,

Philip Finkelstein

Name of Person Filing **PHILLIP I FINKELSTEIN**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **North Memorial Medical Center**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **3300 Oakdale Ave N**City **Robbinsdale**State **MN**ZIP Code + 4 **55422**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email +
response from DOL

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

see attached
email + response from
DOL

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

value can't be determined

see attached email + response
from DOL

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

PHILLIP I FINKELSTEIN

File Number U-

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8. Name and address of Business (including trade name, if any).

Name Park Nicolet Health Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6500 Excelsior BlvdCity St Louis ParkState MN ZIP Code + 4 55426

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

see attached email +
response from DOL

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

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8. Name and address of Business (including trade name, if any).

Name **Fairview Health Services**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2450 Riverside**

City **Mpls**

State **MN** ZIP Code + 4 **55454**

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

see attached email + response from DOL

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

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Street

City

State ZIP Code + 4

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PHILLIP I FINKELSTEIN

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8. Name and address of Business (including trade name, if any).

Name Children's HospitalTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2525 Chicago AveCity MplsState MN ZIP Code + 4 55404

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email +
response from DOL

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Name see aboveTrade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

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8. Name and address of Business (including trade name, if any).

Name Health East Care System

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 559 Capitol BlvdCity St. PaulState MNZIP Code + 4 55103

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email +
response from DOL

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Name see above

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

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8. Name and address of Business (including trade name, if any).

Name **allina Hospital**Trade Name, if any: **~~allina~~**

P.O. Box, Bldg., Room No., if any

Street **710 East 24th Street**City **Minneapolis**State **MN** ZIP Code + 4 **55404**

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

see attached email &
response from DOL

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Name **see above**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

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P.O. Box, Bldg., Room No., if any

Street

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